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FACSIMILE TRANSMITTAL SHEET

TO: Commissioner for Patents Mail Stop Amendment	FROM: Guy V. Tucker REG. NO. 45,302
ATTN: EXAMINER: Louis K. HUYNH GROUP ART UNIT: 3721	PHONE NUMBER: 650-620-5501
FAX NUMBER: 1-571-273-8300	FAX NUMBER: 650-620-6395
PHONE NUMBER:	DATE: August 16, 2007

TOTAL NO. OF PAGES INCLUDING COVER: 16

RE: Patent Application No.: 10/609,132
Attorney Docket No.: 0133.00
Confirmation No. 6677

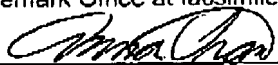
DOCUMENTS SUBMITTED

PTO/SB/21 Transmittal Form (1 page)
Amendment (10 pages)
PTO/SB/22 Petition for Extension of Time (1 page and a duplicate)
Power of Attorney and Correspondence Address Indication Form (1 page)
Statement Under 37 CFR 3.73(b) (1 page)

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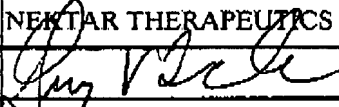
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 Approved for use through 09/30/2007. OMB 0851-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/609,132	
	Filing Date	June 26, 2003	
	First Named Inventor	Andrew J. BOECKLE	
	Art Unit	3721	
	Examiner Name	Louis K. HUYNH	
Total Number of Pages in This Submission	15	Attorney Docket Number	0133.00

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): 1) Statement Under 37 CFR 3.73(b)
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	NEKTAR THERAPEUTICS		
Signature			
Printed name	Guy V. Tucker		
Date	16 AUG 2007	Reg. No.	45,302

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Anna Tran	Date	08/16/2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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